01997.026700

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.



		(if only one name is listed below) or an or I and for which a patent is sought on the	iginal, first and joint inventor (if plural name invention entitled
NOVEL PRO	TEINS HOMOLOGOUS	S TO KINASE SUPPRES	SSOR OF RAS
the specification of		X was filed on March 29, 2004	as United States Application No. or PC
	tion No. <u>10/812, 232</u>		
and was amended on			(if applicable)
I hereby state by any amendment re		nd the contents of the above-identified sp	ecification, including the claims, as amended
I acknowledg	ge the duty to disclose information	which is material to patentability as defi	ned in 37 CFR §1.56.
certificate, or § 365(a have also identified be) of any PCT international applicat	ion which designates at least one country	foreign application(s) for patent or inventor other than the United States, listed below and ational application having a filing date before
			(Yes/No)
Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed
designating the Unite United States or PCT disclose information	d States, listed below and, insofar a international application in the m	as the subject matter of each of the claims on manner provided by the first paragraph of defined in 37 C.F.R. § 1.56 which became	365(c) of any PCT international application of this application is not disclosed in the prior 35 U.S.C. § 112, I acknowledge the duty to a available between the filing date of the prior
	Application No.	Filed (Day/Mo./Yr.)	Status (Patented, Pending, Abandoned)
I hereby clair	n the benefit under 35 U.S.C. §11	9(e) of any United States provisional app	lication(s) listed below:
	Application No.	Filed (Day/Mo./Yr.)	
•	60/457,928	28/03/03	
	60/491,283	31/07/03	

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO [FITZPATRICK CELLA (WYETH)] Customer Number: 45743

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COBASINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Page 2)

Full Name of Sole or First Inventor Wei Liun
Inventor's signature
Date 07-14-2004 Citizen/Subject of China
Residence 73 Blackmer Road, Sudbury, Massachusetts 01776

Post Office Address SAME AS AROUE

Full Name of Second Joint Inventor, if any Leeying Wu
Second Inventor's signature
Date 07-14-2004 Citizen/Subject of U.S.A.
Residence 65 Cary Avenue, Lexington, Massachusetts 02421

Full Name of Third Joint Inventor, if any Padma L. Channavajhala

Second Inventor's signature
Date O)-14-2004 Citizen/Subject of U.S.A.
Residence 65 Cary Avenue, Lexington, Massachusetts 02421
Post Office Address SAME AS ROUE
Full Name of Third Joint Inventor, if any Padma L. Channavajhala
Third Inventor's signature
Date 7 19 Oy Citizen/Subject of India
Residence 10 W. Dexter Avenue, Woburn, Massachusetts 01801
Post Office Address SAME AS ABOUE
Full Name of Fourth Joint Inventor, if any Lin-Ling Lin
Fourth Inventor's signature
Date Citizen/Subject of U.S.A.
Residence 107 College Road, Concord, Massachusetts 01742
Post Office Address SAME AS ABOVE
Full Name of Fifth Joint Inventor, if any Yuhua Zhang
Fifth Inventor's signature
1 11
Residence 27 Mellon Road, Wellesley, Massachusetts 02482
Post Office Address Charles On Dravie
Post Office Address SAME AS ABOUE

Form #40